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| maintenance fee notifica | tions. | | | | | | |
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| 21917 | 7590 10/17 | 7/2006 | | | | | |
| MCHALE & SLAVIN, P.A. 2855 PGA BLVD PALM BEACH GARDENS, FL 33410 | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
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| APPLICATION NO. | APPLICATION NO. FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/647,818 08/22/2003 | | David S. F. Young | | 2056.025 | 3264 | | |
| TITLE OF INVENTION | : CYTOTOXICITY ME | DIATION OF CELLS EV | VIDENCING SURFAC | E EXPRESSION OF | CD44 | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DU | PREV. PAID ISSU | E FEE TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | YES | \$700 | \$300 | \$0 | \$1000 | 01/17/2007 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | 7 | · | | |
| BLANCHARD, DAVID J | | 1643 | 424-156100 | | | | |
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| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
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| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | |
| (A) NAME OF ASSI | | | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | |
| Arius Research Inc. | | | Ontario, | Ontario, Canada | | | |
| Please check the appropr | iate assignee category or | categories (will not be pr | rinted on the patent): | ☐ Individual ☐ Co | rporation or other private gr | oup entity Government | |
| 4a. The following fee(s) | | 41 | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) | | | | |
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| Authorized Signature | Ferry H. | Cander | | Date De | c. 28, 2006 o. 43,377 | <u>, </u> | |
| Typed or printed name Ferris H. Lander | | | | Registration N | o43,377 | | |
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